

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

**DRAFT**

### UST Overfill Prevention Device Test

Date Form Completed	/ /			
<b>1. UST Facility Information</b>				
Agency Interest Number (AI)				
UST Facility Name				
UST Facility Physical Address	Street Address:			
	City:	County:	Zip Code:	-
UST Facility Physical Phone	Phone: ( ) -	Alternate Phone: ( ) -		
<b>2. UST System Owner Information</b>				
UST System Owner Name				
UST System Owner Contact Information	Phone: ( ) -	Email:		
<b>3. Tester Information</b>				
Name of Person Performing Test				
Certification / License Number				
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Equipment Manufacturer <input type="checkbox"/> Other (specify): _____			
	<input type="checkbox"/> Recommended Practice (specify): _____			
Contact Information	Phone: ( ) -	Email:		
Company Name				
Company Mailing Address	Street Address:			
	City:	State:	Zip Code:	-
<b>4. Test Information</b>				
Test Date	/ /	Next Test Date Due By	/ /	
Reason for Test (mark only one) <sup>3</sup>	<input type="checkbox"/> New Install (within 30 days of bringing into service)			
	<input type="checkbox"/> Repair (within 30 days) <input type="checkbox"/> Routine (every 36 months)			
<b>5. Test Details</b> (Attach additional pages as necessary)				
Overfill Prevention Device Type (mark only one)	<input type="checkbox"/> Automatic Shut-Off Device <input type="checkbox"/> High-Level Alarm <input type="checkbox"/> Ball Float Valve			
Tank Number				
Substance Stored				
Tank Volume (gallons)				
Tank Diameter (inches)				
Remote Fill Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suction Line Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Straight Drop Tube Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AI \_\_\_\_\_

6. Test Details				
(Columns continue from previous page)				
Tank Number				
Top Fittings Tight	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Removed & Measured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measured in Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Device at Proper Height	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Device Volume Percentage	%	%	%	%
Device Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments				

  

7. Certification	
<input type="checkbox"/> Check here if the person completing the form is the same as the tester named in the tester certification below.	
Name of Person Completing Form	Date Completed / /
Email	Phone Number ( ) -
I certify that testing was performed in accordance with the appropriate code of practice. I further certify that all the information provided on this document is true, accurate, and complete.	
Tester Certification	Printed / Date / /
	Signature /
	License # License Expiration Date / /
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a> . For copies of facility records please visit <a href="http://eec.ky.gov/pages/openrecords.aspx">http://eec.ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:DEP.KORA@ky.gov">DEP.KORA@ky.gov</a> .	